

American Drug Story

How Racialized Media Depictions of Drug Crises Shape Policy Agendas

by

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## ABSTRACT

I explore the relationship between social constructions of target audiences and the impact of these constructions on policy outcomes in the context of two drug crises: the crack epidemic in the 1980s and 1990s and the opioid crisis that began in the first decade of the 2000s. Using a content analysis of media depictions of the drug users during each crisis, I find that racialized depictions of drug users are used to reinforce stereotypes of either deviant or dependent classifications of the target audience. These social constructions are combined in the media coverage with suggested policy frames appealing to the necessity criminal justice and/or public health approaches to policy agenda used to address the drug crisis. These frames and social constructions help explain the disparate policy approaches employed in both eras.

## DEDICATION

To my mother, who provided constant support and a great deal of insight; Brittney and Drew for their support and willingness to listen to me talk about drugs for weeks on end; Michael, for showing me the library; Gracelynn and Theo, whose assistance on this project taught the importance of the autosave function; and Ruthie, because without her judgement, this project never would have been completed.

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## CHAPTER 1

### A TALE OF TWO CRISES

*“Well, here the rules have changed: If you sell drugs, you will be caught. And when you're caught, you will be prosecuted. And once you're convicted, you will do time. Caught. Prosecuted. Punished.”*

*-President George H.W. Bush  
September 6, 1989*

*“...millions of our fellow citizens are already addicted. That's the reality. We want them to get the help they need. We have no choice but to help these people that are hooked and are suffering so they can recover and rebuild their lives with their families.”*

*-President Donald J. Trump  
October 26, 2017*

In 1971, President Richard Nixon declared a War on Drugs and set forth the moralistic narrative that would guide national drug policies for the next several decades. Successive presidents have faced an ever-evolving drug landscape, and each administration has crafted its own set of policy responses to confront a range of drug related problems including drug abuse, trafficking, and crime related to drug activity. These policy choices consist of a combination of public health centric policies (consisting of drug abuse prevention and education programs and drug abuse treatment programs); criminal justice centric policies (including law enforcement assistance, specialized criminal court procedures, and carceral policies and reforms); and international and interdiction policies. Over time, the balance of these policy foci has been adjusted in response to public concern regarding drug abuse and each administration's overall drug policy agenda. These changes happen gradually but have been more rapidly modified during the management of drug crises. The purpose of this study is to examine two such crises and the factors that drove the policy responses in each case: the crack epidemic of the 1980s and 1990s and the opioid epidemic that began in the first decade of the 2000s.



## *The Crack Epidemic*

In the 1970s, a surge in the availability of cocaine from Latin America led to an increase in cocaine consumption in the United States (Beaver 2010). On the whole, cocaine abuse was considered rare and there was little public concern about its use. However, beginning in 1985, the news media exploded with reports on the emergence of crack, a smokable cocaine derivative that was painted as a “more dangerous, more potent” form of cocaine (Kerr 1986; C. L. Reinerman and Levine 1997; C. Reinerman and Levine 2004). Its danger stemmed from its low price relative to powder cocaine, and the associated high being stronger, more rapidly-onset, and shorter-lived, all of which reportedly made abuse more likely (Inciardi, Pottieger, and Surrat 1996; C. Reinerman and Levine 2004).<sup>1</sup>

Crack was viewed as a scourge of the inner-city poor, and quickly became a target in news media and political rhetoric to support refitted “War on Drugs” under the stewardship of Presidents Reagan and H.W. Bush (M. Alexander 2010; Hartman and Golub 1999). Drug addicts were considered criminals; drug dealers were public enemies (Hartley and Miller 2010; C. Reinerman and Levine 2004). The depiction of drugs as the catalyst for the growing epidemic of violent crime colored both news media and political discourse (Fryer et al. 2013; Reinerman and Levine 1997). Criminal activities from prostitution to burglary were painted as the desperate acts of users of drugs in general, but

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<sup>1</sup> Although there is a consensus in the literature that the high associated with crack as opposed to powder cocaine, there are multiple accounts for what this means for its addictive nature. Reinerman and Levine 2004 state that there is a higher risk for addiction, Hartley and Miller 2010 suggests a lack of appropriate medical studies to draw this conclusion, and Beaver 2010 says there is no appreciable difference in the two forms of the drug.

crack in particular (C. Reinerman and Levine 1989). Even children of drug users were branded as a bane to the public by sensationalized rhetoric extolling the societal burden of so-called “crack babies” who were going to overwhelm social service and education programs (Reinerman and Levine 1997; Roberts 1997).

In response to the threat of this new class of criminally deviant drug abusers, local and national politicians concentrated their agendas on criminal justice policies aimed at taking drugs off the street (Beaver 2010; C. Reinerman and Levine 2004). The result was an increase in the incarceration of Black Americans at unprecedented rates and policies, such as minimum sentencing for drug offenses and disparate sentencing minimums for crack and powder cocaine, that have been widely condemned for their role in the destruction of Black communities (ACLU 2006; M. Alexander 2010; Sandy 2003). The portrayal of crack users as Black is particularly troubling given that an estimated 60 percent of crack users in 1988 were white (National Survey on Drug Use and Health 1988).<sup>2</sup>

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<sup>2</sup> The actual number of drug users and their racial demographic compositions are difficult to measure. Common proxy measures include arrest rates for drug possession, number of people entering drug treatment, number of emergency room visits for drug-related episodes, overdose deaths, and surveys on drug usage. Every suggested measure has its limitations. Arrest data is variable down to the precinct level and state and local reporting standards are not equal across time or location (and does not always have racial breakdowns). Since it only includes the number of people actually caught and arrested, reported numbers are likely low. Emergency room visits and overdose deaths only measure the most severe cases, not casual or regular users. Treatment statistics are skewed towards those with a more stable socio-economic background who can afford treatment, and loses explanatory power given the necessity of a patient consenting to drug treatment, which is only a portion of drug users. Survey data is the most consistent over time, but could be underreported due to social desirability biases.

## *The Opioid Epidemic*

Almost three decades after the emergence of crack in New York City, another drug epidemic gripped the nation and the national conversation along with it. The opioid epidemic is, in many ways, a crisis in three acts. On its face, the beginning of the opioid crisis was unlike any drug crisis that had come before it, and although it was unexpected, it was entirely predictable. As with any drug crisis, levels of opioid abuse surged when the supply of the drug expanded at a time when the societal conditions that increase the demand for drugs flourished. What makes the opioid crisis unique is who initially flooded the supply and began the first wave of the crisis: the medical community.

Just as America's history with cocaine did not begin with the crack epidemic, our history with opiates predates the current opioid epidemic. Heroin abuse has spiked numerous times since the Civil War, but the increase in its use in the 1970s played a role in President Nixon's decision to declare his War on Drugs (M. Alexander 2010; Shachar et al. 2020). Throughout the 1980s, heroin use was on the decline and the national drug policies focused on the crack epidemic through the mid-1990s, until the main concern shifted to party drugs and methamphetamines (Kolodny et al. 2015). While the national conversation had drifted away from opiates, by 2001, the first wave of the opioid epidemic was starting (Shachar et al. 2020).

In the late 1980s and early 1990s, the medical community began examining the effective use of opioids for long-term pain management, but on the whole, medical providers were hesitant to prescribe opioids due their highly addictive nature (Baker 2017b). By 2001, the conversation about pain resulted in a mandated reform in the way medical providers were expected evaluate and treat pain when the Joint Commission on

the Accreditation of Healthcare Organizations (JCAHO) introduced new quality assurance standards designating pain as the “fifth vital sign.”<sup>3</sup> While this new standard attempted to increase the quality of patient care by requiring healthcare providers to assess every patient’s reported level of pain and treat pain far more aggressively, the designation of pain as a vital sign quickly resulted in concerns of overzealous pain management strategies (Baker 2017a). In order to maintain their JCAHO accreditation, medical providers were pushed to prescribe opioid pain medication more heavily, and pharmaceutical companies provided new formulations of old standard opioids that they promised provided lowered or no risk of dependence (Baker 2017b, 2017a). In the case of at least one pharmaceutical company (Purdue Pharma, the makers of OxyContin), these advertisements and safety claims were proven to be intentionally deceptive (Inciardi and Goode 2007; Van Zee 2009). While Purdue Pharma was found guilty of misleading the public about the addictive risks of OxyContin in 2007, the damage was already done. The country was flooded with opioid pain medications, and the surge in the supply of opioids had created the first cohort of drug addicts in the crisis (Baker 2017b). As the number of opioid prescriptions grew, so too did opioid addiction, diversion (channeling regulated pharmaceutical drugs from legal sources into the illicit drug marketplace), and overdose deaths (Inciardi et al. 2007; M. E. Rose 2018).

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<sup>3</sup> Healthcare providers monitor and chart four vital signs: body temperature, blood pressure, pulse, and breathing rate. Pain was often not assessed or not assessed in a systematic or effective way, leaving pain untreated. The JCAHO guidelines suggested placing pain and relief assessments in a prominent place on a patient’s chart as they would any other vital sign and encouraged the use of quantitative recording of a patient’s reported pain level, such as on a scale from 1 to 10. For further notes on the JCAHO guidelines on pain management, see Kolodny et al 2015 and Baker 2017a and 2017b.

In response to the overwhelming supply of dangerous opioid pain relievers, federal regulations on prescribers and pharmacies aimed towards supply reduction were introduced under the Obama administration (Baker 2017b; Netherland and Hansen 2017). These regulations slowly reduced the number of prescription pills feeding the opioid crisis, but as the supply of pills from legal sources dried up and their cost on the street rose, opioid abusers increasingly turned to heroin, which was cheaper (Novak et al. 2016). By 2015, four out of five heroin users reported that they were first addicted to opioid pain relievers (Kolodny et al. 2015). The huge increase in heroin use marked the second wave of the opioid crisis, and drug overdose deaths soared (Rich et al. 2019; Santoro and Santoro 2018). As a result, federal and state governments began rigorous public health initiatives to increase access to addiction treatment, expand abuse prevention and education programs, and supply communities with naloxone, an emergency medication that can reverse an opioid overdose (McGinty et al. 2019).

We are now in the midst of a dangerous third wave of the crisis as heroin has been supplanted with a ubiquitous, more potent, and more lethal alternative in fentanyl (M. E. Rose 2018). Fentanyl marries the dangers of the two previous waves as it is both a medically legal substance prescribed to pain patients, and one that is manufactured *en masse* in foreign countries and trafficked into the United States. Due to its strength and the fact that many illicit substances have been laced with fentanyl, opioid overdoses are still growing despite numerous policy efforts to combat the crisis (Rich et al. 2019).

The rise in opioid overdose deaths from the abuse of both prescription pills and street drugs has resulted in a panic over what has been declared a public health crisis by President Trump (Hirschfeld Davis 2017). However, as it is described in the news media,

this drug crisis is very different than the crack epidemic. The people that politicians are calling to incarcerate are not street-level drug pushers, but instead, executives from pharmaceutical companies and the malfeasant doctors who overprescribed pills for years. The users are not criminals, but instead, (at worst) victims of circumstance and (at best) patients in need of treatment (Kennedy-Hendricks et al. 2017; McGinty et al. 2019). Addiction is not a crime, but a disease, and should be handled with an element of compassion (McGinty et al. 2016; Om 2018).

### *Comparing the Crises*

The crack epidemic was primarily managed as a public safety crisis and the opioid epidemic is being treated as a public health crisis, which underscores a change in the attitudes of political elites and the public on how drug addiction should be viewed (Inciardi, Pottieger, and Surrat 1996). There is an assumption in both popular media and scholarly literature that the news media framed the opioid crisis as a white disease and the crack epidemic as a criminal concern in minority communities (Shachar et al. 2020). While the assumption that POC made up a larger portion of crack users than white users is not statistically supported with survey data on drug usage (National Survey on Drug Use and Health 1988), the persistent narrative had significant impacts on the adoption of punitive measures that had disparate impacts on Black and Latinx communities (Fryer et al. 2013; Inciardi, Pottieger, and Surrat 1996; C. Reinerman and Levine 1989). However, the modern opioid epidemic does disproportionately affect white communities, including higher rates of addiction, overdoses, and fatalities (Han et al. 2015; Lippold et al. 2019); and an estimated 90 percent of new opioid users since 2010 are white (M. J. Alexander,

Kiang, and Barbieri 2018; Cicero et al. 2014; Novak et al. 2016). This is due in part to the origins of the opioid crisis starting with the over-prescription of opioid pain relievers, which are more heavily prescribed to white patients due to systematic biases precluding healthcare providers from treating patients of color with the same deference towards pain and because white people are the most likely to seek and receive healthcare overall (Om 2018; Santoro and Santoro 2018).

It is worth noting that the effects of the drug crises are reported differently and in accordance with the general view of addiction as either a crime or a disease. There was an emphasis on increased crime in areas affected by drug abuse during the crack epidemic that is not seen in discourse on the opioid epidemic (Exum 2019; Taylor 2008). While the rate of violent crime is significantly lower in the current crisis, property crimes (such as burglary) committed by opioid users are not all that different in frequency than was seen during the crack epidemic (Szalavitz and Rigg 2017). The actions of drug addicts desperate to attain their drugs have not dramatically changed. Drug dealers were heavily vilified during the crack epidemic, which was not the case during the first wave of the opioid epidemic, where the majority of opioid users were assumed to be getting medication from legitimate sources (Mendoza, Rivera, and Hansen 2019). However, as the crisis has progressed, a large number of opioid addicts whose drug of choice has shifted from prescription pills to the cheaper and more available heroin are buying drugs from street-level dealers who do not look so different than the crack-peddlers of the 1980s and 1990s (Inciardi et al. 2007). These are just a few examples of how the two crises have caused similar negative social impacts, which leads to the motivating puzzle

of this study: why are the policy agendas seeking to mitigate these drug crises so disparate?

Although some of the differences in policy agenda setting is accounted for by the progressive move towards the depiction of addiction as a disease over time, there are striking differences in the media portrayals of drug users during each crisis (Barry et al. 2014). Crack was a Black drug, characterized by its use in inner-cities, connection to homelessness and abject poverty, and criminal enterprises (Lassiter 2015; Netherland and Hansen 2016). Opioid addiction plagued primarily white communities after the healthcare institution failed them, and is considered an equal opportunity crisis, despite the fact poor, rural communities have been hit the hardest (Novak et al. 2016). These media depictions play an important role in shaping public opinion and in creating meaningful associations between drug use and specific groups that have an impact on the creation, implementation, and evaluation of public policies (McGinty et al. 2016; Shoemaker 2012).

Previous studies on the media depictions of drug crises have predominately focused on one crisis. Hartman and Golub (1999) examined coverage of the crack epidemic from 1985 to 1995 and found a significant bias in early coverage that perpetuated moralistic language and framed the epidemic as an “inner-city” problem. They also found that as the crack epidemic continued over time, the media coverage on the crisis became less reliant on myths regarding drug use, including less emphasis on framing the crack users as the inner-city poor. Hartley and Miller (2010) examined the difference in media narratives regarding crack versus powder cocaine and compared this to the sentencing disparity between the two drug forms in 2000. They found that there



were few references to race in the *USA Today* coverage of the cocaine offenses, and there was no significant difference in sentencing that would imply racial cues in the media affected drug offense sentencing. Given their study only examined one media source in a single year after the height of the crack epidemic and after drug sentencing laws had been challenged for many years, their results may not be reflective of the disparity in drug policy outcomes a decade earlier.

Several studies have examined aspects of the news media coverage of the opioid crisis. Johnston (2020) examined the coverage of the opioid epidemic in Canada and found that the coverage focused far more heavily on white opioid addicts, and that young, white overdose victims were nearly always discussed as a “good kid” who fell into a bad situation. Netherland and Hanson (2016) similarly found that there was a racial divide in the news media coverage of heroin and prescription opioid users, with the latter more often primed as being white and living in suburban and rural communities, as opposed to the depiction of heroin users as urban Black and brown individuals. McGinty et al (2016, 2019) examined the media coverage of the opioid crisis in two different time periods. In the first study, which covered the period from 1998 to 2012, they found that most coverage suggested the use of criminal justice approaches to the opioid crisis until 2010. From the period from 2010 to 2012, public health approaches to the crisis were increasingly covered, and public health and criminal justice approaches were covered equally as often. In the second study, which examined the period from 2013 to 2017, they found that the volume of coverage of the opioid crisis in the media increased proportionally to the reported number of opioid overdose deaths, suggesting that the volume of media coverage was in response to the growth of the crisis. They also found

that approximately 87 percent of stories during this period were focused on public health aspects of the crisis.

Attempts to examine the differences in the media treatment of the two crises has examined the policy frameworks proposed in the articles as well as the use of data visualizations in news media coverage of the crisis. Welhausen (2019) examined the data visualizations presented in both eras and found that the graphs during the crack epidemic were primarily focused on crime statistics including crime rates, arrests, and incarceration rates. During the opioid epidemic, the bulk of data visualizations focus on health outcomes, especially mortality. Shachar et al (2020) utilized manifest content analyses to examine the frequency with which news coverage of the two crises (as well as during a peak of methamphetamine coverage from 1992 to 1993) varied on their discussion of drug use as a criminal or public health problem. Their study found that the conversation around drug use was heavily more focused on health outcomes during the opioid epidemic than during any previous drug crises, which they credit as the overall change in public opinion towards drug addiction being seen as a disease. Because the coverage of the early 1990s methamphetamine crisis was framed with criminal justice language, but the primary drug users in that crisis were white, the authors speculate that the depiction of addiction is the primary cause for this shift in the media framing of the opioid crisis. However, they do not specifically analyze the depiction of race in the articles they examine for their analysis, nor do they conduct any latent analysis, which leaves room for further investigation into the connections between race and policy agenda framing within media depictions of drug crises.

The aim of this study is to connect several of the themes that have been raised in the extant literature. I examine how racialized media narratives surrounding the crack epidemic and the opioid epidemic formed disparate social constructions of the target audiences of drug policies and justified the policy approach used to address them. This paper proceeds as follows. I first provide an overview of the extant theories on the social construction of target audiences and the linkages between these constructions and policy designs. I then present a content analysis of *New York Times* coverage of the two drug crises to evaluate the implicit and explicit racialized cues that were used in the media to talk about the victims in each case. Within each narrative, I found that the drug users were primarily framed as people of color (POC) during the crack epidemic and as white people during the opioid epidemic. Further, in the 1980s and early 1990s, drug use and addiction were heavily framed as degenerate behavior, but by the 2010s, the conversation surrounding these topics centered around the idea of addiction as a disease and called for an empathetic approach to handling victims. The media's disparate view of drug users, as well as the implied need to either help or punish them, corresponds with the broad focus of the policy agendas employed in each era. Finally, I look at ways the overall social construction of the crisis impacts the public and policy attention on the problem, and how the focus towards either criminal justice policies or public health policies can be seen in policy spending for more criminal justice based or more public health-based approaches.

## CHAPTER 2

### SOCIAL CONSTRUCTIONS AND TARGET AUDIENCE FORMATION

When politicians and bureaucrats create policy agendas and tools, their decisions are shaped by the social constructions of target groups used to justify their policy choices. Social constructions are shaped by “the cultural characterizations or popular images of the persons or groups whose behavior and well-being is affected by public policy” (A. Schneider and Ingram 1993, 334). These constructions can be normative or evaluative and are shaped through the symbolic language and narrative used to paint groups in a positive or negative manner. In Schneider and Ingram’s theory, social constructions, combined with a target audience’s perceived political power, results in four types of target audiences, “advantaged,” “contenders,” “deviants,” and “dependents,” (1993). This model accounts for why groups with low political power and negative social constructions (“deviants”) are easily targeted for punitive policies, given that they have little capacity to challenge the policies and are less likely to garner significant support from more advantaged groups. However, once the social construction of the target group becomes more positive, those with stronger political power are more likely to be concerned with the impact of policies on the target population.

While Schneider and Ingram’s definitions of target groups present an important aspect of policy determinants, the categorization must remain dynamic as groups may change categories over time as their social constructions are updated along with changing social norms or media characterizations of the group (Lieberman 1995). These changes in target groups may result in a change in the policy agendas employed to address the target audience (M. Rose and Baumgartner 2013). Under the concrete categories as originally

proposed, for example, drug users would be classified as “deviants” due to their negative social construction and weak political power. However, given the shift in the rhetorical portrayal of drug users as victims of a disease rather than a criminal, their social construction is more positive. They may have moved closer to the “dependents” category (low political power, positive social construction), which accounts, in part, for the shift towards public health policies in the policy agenda on drug abuse.

### *Social Constructions and Policy*

Social constructions often influence political elites in the determination of policy agendas and the design of specific policies. Nicholson-Crotty and Meier identified several conditions under which the negative perception of groups within the “deviant” category makes them the target of coercive policy designs (2005). First, the target group must be a marginalized group that can be readily identifiable to the public and elites. These stereotypes play a particularly strong role in bringing forth a policy agenda when the negative social construction involves “value-laden” judgments with clear-cut distinctions between right and wrong that elites can use to justify their policy decisions (Donovan 2001). There must also be a broad-based social anxiety relating to the action of the target group to motivate public support to craft policies to alter the behavior of the target group. Finally, a moral entrepreneur must draw attention the problem, blame it on a marginalized group, and argue that the actions presented are a fundamental threat to society (Ben-Yehuda 1990). These moral entrepreneurs draw their power from the groups whose views on morality they espouse and play an important role in defining the problem for the public (Best 1995). They classify behaviors of the target group as a specified type

of problem (such as a moral problem) and associate it with certain groups of people (Nicholson-Crotty and Meier 2005).

In the case of drug policy, when considering drug abusers as deviants and criminals, the moral justification for sanctioning them as a group can be a response to their drug use (which was viewed as a subjective wrong during the crack epidemic) and their connection to other criminal activities. Media portrayals of the evils of the crack epidemic and the narrative that drugs were spreading beyond dangerous inner-cities into suburban communities also provided fodder for wide-spread social anxiety on the actions of drug users. Several moral entrepreneurs led the push for stronger punitive drug policies during the crack epidemic, from Nancy Reagan's anti-drug agenda as First Lady to President George H.W. Bush's assertion that drugs had permeated every park and street in America and posed an existential threat to American society in his first televised address to the nation. The resulting policies were designed to sanction a class of deviant drug users, and demonstrates how the conditions surrounding the crack epidemic allowed for a social construction to transition into a policy agenda.

These versions of the social constructions argument do not explicitly address the effect of race on both social constructions and the formation of target populations. Soss, Fording, and Schram also evaluate social constructions in relation to the conditions under which public officials are most likely to pass policies, but specifically examine racialized policy outcomes in their racial classification model (2011). They contend that policy makers consider salient social classifications of target groups when designing public policy, and that the racial composition of the target groups drives assumptions about the group characteristics, such as a groups tendency towards criminality or presumed level of

education. They find that policy outcomes are most likely to be racially patterned when policy actors have a strong attachment to racial stereotypes, especially when these stereotypes are validated within the rhetoric and depictions of the target group. The formation of racialized public policy is therefore dependent not only on the social construction of these groups, but on the general assumptions of the racial make-up of socially constructed groups as shown in the media depictions.

Public policies have the potential to exploit, perpetuate, or change social constructions, but their influence is much weaker than impact of the media and popular culture on shaping these constructions (Schneider and Ingram 2005). As a result, policy makers are not the primary drivers of these social constructions but their decision-making stands to be influenced by the constructions that exist in society as a whole. Public opinion and popular understandings of political and social problems are heavily influenced by the way in which the media frames the problem and the relevant parties.

### *The Media Effect: Agenda-Setting, Framing, and Racial Priming*

Before policy makers can transform social constructions into policy designs, there must be significant public concern about the problem the social construction poses (Sharp 1999). The media's capacity as an agenda-setting institution provides a platform from which these concerns can be brought into the public conscious. Increased coverage of certain issues, or covering some issues more often than others, influences the degree to which the public believes these issues are important enough to warrant political intervention (Baumgartner and Jones 2009; Iyengar and Kinder 1987; McCombs and Shaw 1972). Awareness of the problem coming from media coverage and subsequent

elite rhetoric tend to be self-reinforcing. The more the media covers a problem, the more public officials respond, and the more the media covers the problem (Beckett 1994). The result, to paraphrase Bernard Cohen, is that the media is stunning successful in telling its consumers what to think about.

Increased media attention has a similar effect on policy makers; increased media attention can change policy makers' focus and keep them focused on one aspect of a larger policy problem (Wolfe, Jones, and Baumgartner 2013). For example, the increased public attention to the drug problem galvanized political elites and allowed them to move forward in designing policies aimed at combatting drug abuse that aligned with the problem as defined in popular media. When there are large scale shifts in the volume of coverage on a problem (such as during a protracted drug crisis), they are frequently accompanied by shifts in the policy agendas employed in response to the problem (Baumgartner and Jones 2009).

The specific types of policy agendas that are designed to combat a certain problem are informed and constrained by the social construction of the target audience of those policies. Media frames, which can be operationalized as the central organizing idea that connects and provides meaning to an unfolding series of events (Gamson and Modigliani 1987), play a central role in the formation of these social constructions. By providing images, specific language and symbols, and focusing coverage on specific events and attributes, media frames create a lens through which to view the main elements of a larger social or political problem, including the way various actors are responsible for the existence of the problem and in contributing towards its solution.



The specific images and language used to create media frames can cement social constructions of target audiences, especially when these cues prime the kinds of racial group stereotypes that drive the racialization of policy decisions.

The use of implicit and explicit racial stereotypes in news media have changed over time. There has been a presumed norm of egalitarianism in racial messaging in American politics for several decades, predicated on the assumption that citizens would likely reject openly hostile, explicit racial rhetoric, and as a result, subtle racial messages and implicit racial cues would have a stronger impact on policy views than overt and explicit cues (Mendelberg 2001). Implicit cues are widely used in both elite and media rhetoric to conjure a certain image of the target group based on any number of unique group characteristics. On their own, implicit cues have no inherent valence, but racialized implicit cues dangerously provide alternative ways of discussing a group that allows the audience to hide any of their negative feelings towards a racial group (Haney-Lopez 2014). For example, when criminal activity is described as the work of a “gang member,” there is an implicit social understanding that the criminal should be viewed as a young man of color. However, by using an implicit reference rather than an explicit one, a reader could justify that their disdain towards the individual is due to the involvement in criminal activity, not race, and deny any feelings of racial animus they may hold. This, in turn, masks the racialization of certain policy proposals, and makes it less likely that those with high levels of political power will oppose the implementation of punitive policies against negatively constructed and racially defined target audiences.

This can be seen in Gilens’ (2003) study on the implicit visual cue of Black people in relation to stories about poverty in the mass media over time. He found that

Black people were depicted more frequently when the tone of the stories were negative, and less frequently when the coverage became more sympathetic. Further, Blacks were associated with the more undesirable aspects of poverty (including an increase in criminality), which eventually was able to be weaponized in elite rhetoric demonizing those who were dependent on welfare. The perpetuation of negative racial stereotypes in the media diminishes public support for anti-poverty measures, which can in turn play a role in determining the policy agenda used to address social ills associated with the poor (Peffley, Hurwitz, and Sniderman 1997). These racial stereotypes and associated social ills are similar to those attributed the target audience during the crack epidemic, and the media portrayal of crack users during this period should include similar racial cues.

### *Expectations*

The disproportionate policing of urban Black and Latinx communities during the crack epidemic clearly demonstrates that the target population of the criminal justice policy agenda were people of color (Hartley and Miller 2010; C. Reinerman and Levine 2004). There are a number of reasons why those groups were able to be neatly fit into this target population, and why the racialization of the enacted policies can be explained through media framing. First, urban minority populations have statistically had low socio-economic status, as well as lower levels of educational attainment and higher levels of unemployment (Gilens 2003; Peffley, Hurwitz, and Sniderman 1997). As the media depiction of poverty shifted towards these urban minority groups in the late 1960s, the coverage of poverty became more closely related to crime and reliance on welfare, and these groups were often demonized by the press and political elites as unworthy

recipients of aid who were likely to abuse it (Gilens 2003; Rose and Baumgartner 2013; Schneider and Ingram 2005). Because crack emerged first in New York City, an urban center known for its racial diversity, and its immediate association as a cheap alternative to powder cocaine, I expect the *New York Times* coverage to focus on the poverty and minority aspects of the target audience. Crack users are likely predominately portrayed as people of color in both explicit and implicit ways (Mendelberg 2001; C. Reinerman and Levine 2004). I also expect that the racialized coverage will more frequently portray drug users as deviants (involved in criminal activity), while the poverty coverage will focus on the “undesirable” aspects of poverty, such as homelessness or welfare dependence (Shachar et al. 2020).

A key difference between the opioid and crack epidemics stems from the degree of deviance portrayed amongst the drug users. When the original use of drugs is blamed on misconduct by doctors, as is the case in the narrative of the opioid crisis, users of the drug are seen as victims rather than criminals (Netherland and Hansen 2016, 2017). However, in 2016, fewer than thirty percent of people who overdosed on opioid pain pills had been prescribed them themselves (Kessler 2016).<sup>4</sup> More than seventy percent of people who died from the abuse of opioid pain killers therefore obtained them illegally, which is to say nothing of the scores of heroin users who also engage in criminal behavior in the acquisition of these drugs.

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<sup>4</sup> Given the difficulties in accurately tracing the pathway from legal opioid pain reliever usage into dependence, addiction, and/or transition into illicit drugs, the overdose death statistics are one of few measures of addiction that can account for whether or not the decedent was personally prescribed an opioid pain reliever due to the ability to access their medical records, which cannot always be determined based on drug treatment admissions or emergency room visits. It is also a better proxy for the criminality of acquiring drugs than we can attain from arrest records or survey data as neither of these statics report if an individual was legally prescribed the drugs.

Since the target audience of the opioid crisis-driven policies tend to be rural and white, however, this criminality is overlooked as the social construction of these groups is not associated with higher rates of crime (Carlson et al. 2016; Szalavitz and Rigg 2017). Placing the entire crisis within the public health frame allows policy makers to place the onus of malfasant behavior on pharmaceutical companies and doctors rather than on the drug users themselves (Barry et al. 2014). As a result, I expect that the coverage of the opioid epidemic will contain more depictions of white drug users, either through the textual descriptions or images provided alongside the article, and will position their policy evaluations within a public health framework(Barry et al. 2014; Shachar et al. 2020).

Because social construction of rural white populations is also associated with poverty and lack of economic opportunity, especially in the Rust Belt and coal mining communities in Appalachia (Donnelly et al. 2019), I expect that the media coverage of the opioid crisis will explicitly address concerns of poverty as a driver of the crisis (Netherland and Hansen 2017; M. E. Rose 2018). Also, because the framing of the crisis is driven more towards empathy and victimization, I expect that opioid users will be depicted as victims of a disease who deserve treatment (Kennedy-Hendricks et al. 2017; McGinty et al. 2019).

Finally, I expect that an overall increase in the coverage of drug crises will be related to an increase in the public concern about the drug problem and an increase in the number of Congressional hearings related to drug policy (Baumgartner and Jones 2009; Beaver 2010; Exum 2019). I anticipate that overall federal drug policy spending will increase during the peaks of the drug crises, with the crack epidemic resulting in a larger

increase in criminal justice spending efforts and the opioid epidemic resulting in a larger increase in public health spending efforts(Beaver 2010; C. Reinerman and Levine 2004).

## CHAPTER 3

### MEDIA DEPICTIONS OF THE DRUG CRISES

To examine the media depictions of drug users during the two drug crises, I employed a content analysis of the coverage in *The New York Times* to measure the use of four frames defined based on a review of the relevant theories on target audiences and the racial classification model. While the primary relationship of interest is between racial cues and the policy framework, I have included analysis of two additional frames that provide insight on how media coverage of drug crises creates or reinforces stereotypes about the target audience of drug policy. The first is socioeconomic class, which should not be as divergent between crises as the other categories; in both cases, drug users are commonly in more precarious socioeconomic conditions. The second is the association of addiction with criminal or deviant behavior, or with disease and need for compassionate treatment. I examined and analyzed the relationship between the racial frame and each of the remaining three frames by count and in a broader qualitative sense.

#### *Design and Methodology*

To create the sample for my content analysis, I accessed newspaper articles from *The New York Times*<sup>5</sup> through the ProQuest database that contained more than textual reference to the relevant drug crisis<sup>6</sup> and then located the full article within the online

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<sup>5</sup> The decision to exclusively use the *The New York Times* is due to its status as a paper of record, its broad coverage of national issues and politics, and because it was the first national daily paper to cover the emergence of crack, increasing the sample range by an additional year and keeping the number of observation years for each crisis equal.

<sup>6</sup> Search terms for the crack sample: crack OR cocaine OR War on Drugs  
Search terms for the opioid sample: opioid OR opiate OR oxycontin OR heroin OR pain killer

*Times* archive. Only full articles (not crime reports) were included to reduce noise from New York area arrest reports (which, in the crack sample, often mentioned the specific drugs involved in the arrest, but provided no context about who was arrested). I excluded articles that were weekly news summaries as they typically include only one or two sentences about each topic with insufficient context to be useful in analyzing media depictions of drug users. Articles that were verbatim reprints of presidential, gubernational, or mayoral speeches also excluded because the purpose of this analysis is to examine the media framing of the drug crises, independent from the rhetoric of the political elites on the topic. Finally, articles from the opioid sample that were paid content from pharmaceutical companies were excluded as they are not representative of the editorial decisions of the paper.

For the crack epidemic, I used articles from the period from 1986 (the first full calendar year following the documented emergence of crack in New York City in November of 1985) (Reinarman and Levine 1989) to 1992 (the end of President Bush's administration, at which time crack use was declining and national focus on drugs was directed elsewhere) (Gonzenbach 1996). In this period, there were 698 articles fitting my criteria for evaluation. For the opioid epidemic, the date range was from 2012 (the peak year for opioid prescriptions) to 2018 (the last full year of coverage available) (Netherland and Hansen 2017; Shachar et al. 2020). This resulted in 579 articles suitable for evaluation. To create the sample for my content analysis, I stratified each of group of articles by year and assigned them a number. Using a random number generator, I pulled 200 articles from each group, with the specific number of articles per year in the same proportion as the percentage of the total articles that year represented in the original pool.

I then coded the 400 selected articles based on four frames: race, class, policy, and social construction.<sup>7</sup> A brief explanation of each frame is provided in table 1 and the full coding scheme can be found in appendix A.<sup>8</sup>

**Table 1. Content Analysis Frames**

<b>Frame</b>	<b>Categories</b>	<b>Description</b>
<i>Race</i>	-White -POC -Both	Implicit and/or explicit textual racial cues (Black and Latinx references are collapsed into POC category for parsimony due to lack of variation in references)
<i>Class</i>	-Middle/Upper -Lower -Both	Implicit and/or explicit textual class cues
<i>Policy</i>	-Criminal Justice -Public Health	Policies discussed relate to either public health (treatment, education, prevention) or criminal justice (law enforcement, prisons, courts)
<i>Social Construction</i>	-Deviant/Criminal -Deserving/Patient	Whether a drug user is depicted as a criminal/otherwise socially deviant or as someone suffering from a disease/deserving treatment

In media coverage, the visual material provided alongside an article may serve as an important additional racial cue because they create implicit connections between race

<sup>7</sup> As I was the only coder involved in this analysis, to enhance the reliability of my article coding, 50 articles from each sample were selected to be recoded a month after the initial coding and scored for intracoder reliability. The kappa statistic for the crack epidemic sample was 0.92 and for the opioid epidemic sample, it was 0.96.

<sup>8</sup>In creating the coding schema for this analysis, for additional validity, I included several manifest and latent terms used in extant literature on racial and socioeconomic cues from: Gilens (1996); Haines, Mendelberg, and Butler (2019); Mendelberg (2001); and White (2007). I also



and specific types of activities that can activate racial attitudes when evaluating policy proposals (Mendelberg 2001; Valentino, Neuner, and Vandebroek 2018). To examine the impact of implicit racial cues provided by visual material, I examined the photos accompanying the articles in each sample to determine the race of the depicted drug user in instances where the drug users were the subject of the photo.

### *Results*

The results of the textual content analysis comparing race cues and policy agenda frames for each crisis are displayed in table 2. Out of the 200 articles in the sample, 68 percent of the articles in the crack epidemic sample utilized the criminal justice policy frame.<sup>9</sup> Of the articles with a criminal justice frame, 61.7 percent also included implicit and/or explicit racial cues for POC, while only about 3 percent of these articles included white racial cues. These findings are in line with my expectations that the majority of the newspaper coverage of the crack epidemic had a greater emphasis on the criminal justice aspects of the epidemic, and when the criminal justice frame is used, drug users are most commonly framed as POC.

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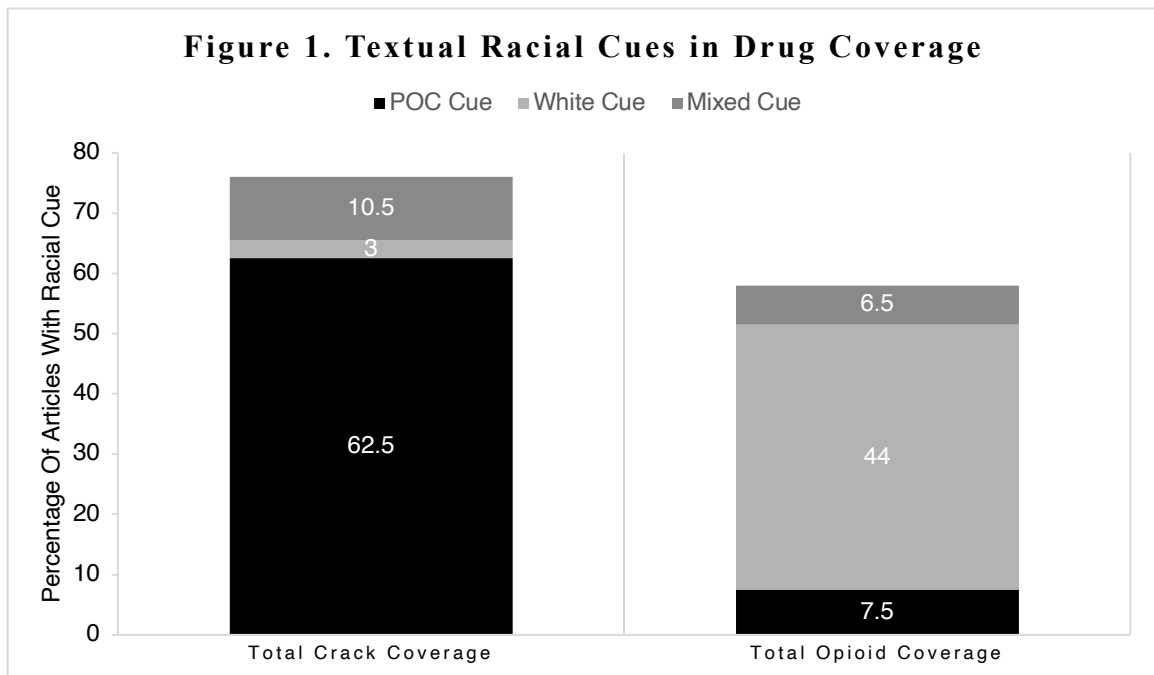
<sup>9</sup> This is inclusive of all articles that employed a criminal justice policy frame, regardless of their inclusion of the public health policy frame; 51.5% of the sample exclusively utilized the criminal justice policy frame.

**Table 2. Policy Frames by Racial Cues**

	Crack Epidemic			Opioid Epidemic		
	<i>Public Health Frame</i>	<i>Criminal Justice Frame</i>	<i>Both Frames</i>	<i>Public Health Frame</i>	<i>Criminal Justice Frame</i>	<i>Both Frames</i>
<b>Implicit Race Cue</b>						
<i>White</i>	2 1.0%	5 2.5%	4 2.0%	58 29.0%	5 2.5%	16 8.0%
<i>POC</i>	41 20.5%	87 43.5%	69 34.5%	4 2.0%	3 1.5%	2 2.0%
<i>Mixed Cue</i>	5 2.5%	5 2.5%	3 1.5%	2 1.0%	2 1.0%	-
<i>None</i>	27 13.5%	39 19.5%	27 13.5%	69 34.5%	8 4.0%	10 5.0%
<b>Explicit Race Cue</b>						
<i>White</i>	1 0.5%	-	-	13 6.5%	1 0.5%	3 1.5%
<i>POC</i>	6 3.0%	27 13.5%	7 3.5%	3 1.5%	2 1.0%	-
<i>Mixed Cue</i>	1 0.5%	8 4.0%	2 1.0%	4 2.0%	-	2 1.0%
<i>None</i>	34 17.0%	68 34.0%	24 12.0%	113 56.5%	15 7.5%	23 11.5%
<b>Total Race Cues</b>						
<i>White</i>	1 0.5%	4 2.0%	1 0.5%	54 27.0%	5 2.5%	16 8.0%
<i>POC</i>	24 12.0%	67 33.5%	17 8.5%	8 4.0%	4 2.0%	3 1.5%
<i>Mixed Cue</i>	4 2.0%	11 5.5%	4 2.0%	7 3.5%	2 1.0%	2 1.0%
<i>None</i>	13 7.5%	21 10.5%	11 5.5%	64 32.0%	7 3.5%	7 3.5%
	<i>n=42</i> 21.0%	<i>n=103</i> 51.5%	<i>n=33</i> 16.5%	<i>n=133</i> 66.5%	<i>n=18</i> 9.0%	<i>n=28</i> 14.0%

Note: Reported percentages are percentages of the total sample.

Alternatively, 80.5 percent of the articles in the opioid epidemic sample utilize a public health policy frame, compared to only 23 percent of the articles that have a criminal justice policy frame.<sup>10</sup> Although a larger proportion of the opioid sample aligned with its expected policy frame, the portion of the articles that use the public health frame and have a textual white racial cue is 44.3 percent. This is consistent with the variation in volume of racial cues between the two samples (as shown in figure 1), with 62.5 percent of the total crack epidemic sample portraying drug users as POC, compared to 44 percent of the opioid epidemic sample including white racial cues.



These findings demonstrate that, at least in the text of the newspaper coverage, there has been a decrease in the utilization of racial cues in the discussion of drug abuse. However, this decrease in textual racial cues is an incomplete picture of the paper’s

<sup>10</sup> These are inclusive of all articles that employed the specific frame; 66.5% of the sample exclusively uses the public health policy frame and 9% exclusively use the criminal justice policy frame.

depiction of drug users within their drug crisis coverage. The media’s use of racialized images in their coverage has been equated to implicit racial priming when the image is presented without textual racial cues, and to explicit racial priming when the accompanying text of the article uses coded-language meant to evoke racial attitudes (Mendelberg 2001).<sup>11</sup> The results of the visual content analysis are presented in table 3 and the hybrid racial cues are presented in figure 2.

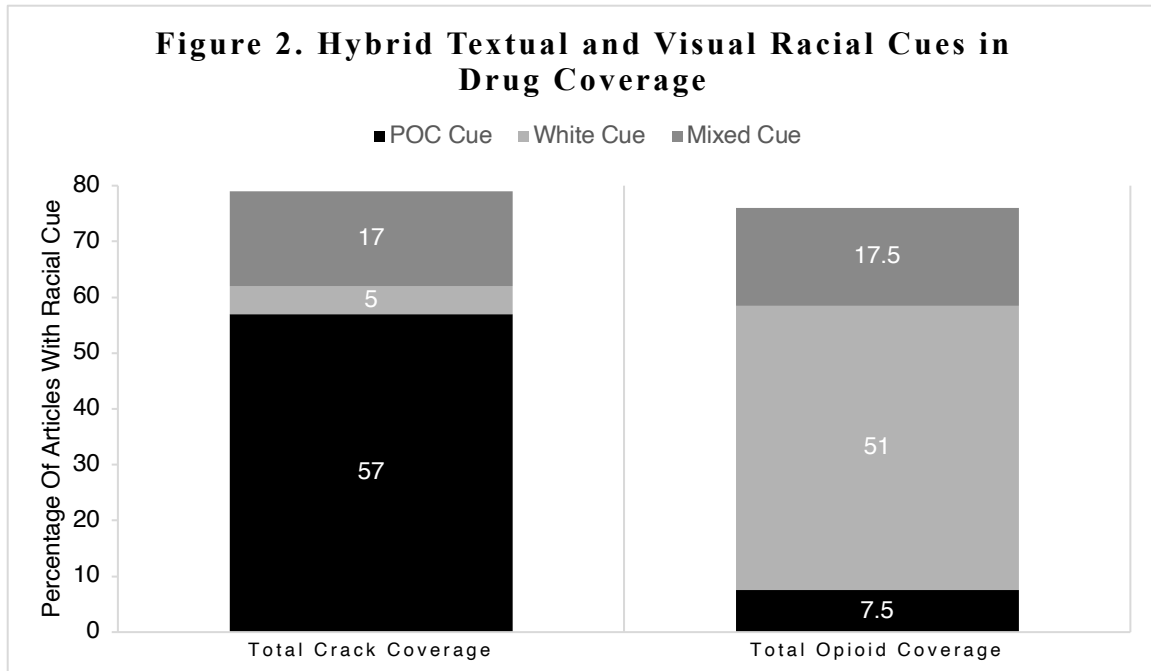
The volume of articles with only implicit white racial cues increased by 14 percent, and only explicit white racial clues increased by 22 percent. When implicit and explicit cues are collapsed, the percentage of the total sample with exclusively white racial cues in the hybrid analysis is 51 percent and the percentage of the sample that was exposed to at least one white racial cue is 68.5 percent.

**Table 3: Racial Cues in Images by Article Frame**

	Crack Epidemic n=50			Opioid Epidemic n=109		
	<i>Public Health Frame</i>	<i>Criminal Justice Frame</i>	<i>Both Frames</i>	<i>Public Health Frame</i>	<i>Criminal Justice Frame</i>	<i>Both Frames</i>
<b>Race in Image</b>						
<i>White</i>	2 4.0%	4 8.0%	1 2.0%	57 52.2%	7 6.4%	18 16.5%
<i>POC</i>	8 16.0%	22 44.0%	5 10.0%	4 3.7%	4 3.7%	1 0.9%
<i>Mixed or Unclear</i>	-	7 14.0%	1 2.0%	12 11.0%	2 1.8%	4 3.7%
<i>Total</i>	9 18.0%	33 66.0%	7 14%	73 67.0%	13 11.9%	23 21.1%

*Note:* Reported percentages are the percentage of images with each racial cue and frame out of the number of articles in the sample that included an image of a person or people.

<sup>11</sup> However, there is a disagreement in the literature on whether the implicit or explicit nature of racial cues impact how readers interpret the cues (Valentino, Neuner, and Vandebroek 2018), as well as how to determine what is implicit and explicit when evaluating a combination of visual and textual cues. As the psychological processing of racial cues is beyond the scope of this study, I have collapsed the implicit and explicit categories for the hybrid analysis.



In the parallel visual and textual hybrid analysis, 57 percent of the total crack epidemic sample included exclusively POC racial cues, and 74 percent included at least one POC racial cue in either the text or the image. Table 4 presents the variation between the textual and hybrid content analyses on the policy frameworks and the other two dimensions of social construction included in the study (socioeconomic class and deviancy/dependency).

**Table 4a. Hybrid versus Textual Racial Cues on Policy and Social Construction Frames  
Crack Epidemic Sample**

	Textual Cues			Hybrid Cues		
	<i>POC</i>	<i>White</i>	<i>Mixed</i>	<i>POC</i>	<i>White</i>	<i>Mixed</i>
<b>Policy Agenda Frame</b>						
<i>Public Health</i>	24 12.0%	1 0.5%	4 2.0%	24 12.0%	2 1.0%	5 2.5%
<i>Criminal Justice</i>	67 33.5%	4 2.0%	11 5.5%	59 29.5%	5 2.5%	20 10.0%
<i>Both Frames</i>	17 8.5%	1 0.5%	4 2.0%	16 8.0%	2 1.0%	5 2.5%
<i>None</i>	17 8.5%	-	2 1.0%	15 7.5%	1 0.5%	4 2.0%
<b>Class</b>						
<i>Middle/Upper class</i>	5 2.5%	1 0.5%	2 1.0%	5 2.5%	3 1.5%	2 1.0%
<i>Lower class</i>	73 36.5%	-	8 4.0%	68 34.0%	1 0.5%	15 7.5%
<i>Both frames</i>	16 8.0%	3 1.5%	7 3.5%	14 7.0%	2 1.0%	10 5.0%
<i>None</i>	31 15.5%	2 1.0%	4 2.0%	27 13.5%	4 2.0%	7 3.5%
<b>Social Construction</b>						
<i>Deviant/criminal</i>	98 49.0%	5 2.5%	14 7.0%	90 45.0%	7 3.5%	24 12.0%
<i>Deserving/patient</i>	7 3.5%	-	-	8 4.0%	-	-
<i>None</i>	20 10%	1 0.5%	7 3.5%	16 8.0%	3 1.5%	10 5.0%
	<i>n</i> =125 62.5%	<i>n</i> =6 3.0%	<i>n</i> =21 10.5%	<i>n</i> =114 57%	<i>n</i> =10 5.0%	<i>n</i> =34 17.0%

Note: Reported percentages are percentages of the total sample.

**Table 4b. Hybrid versus Textual Racial Cues on Policy and Social Construction Frames  
Opioid Epidemic Sample**

	Textual Cues			Hybrid Cues		
	<i>POC</i>	<i>White</i>	<i>Mixed</i>	<i>POC</i>	<i>White</i>	<i>Mixed</i>
<b>Policy Agenda Frame</b>						
<i>Public Health</i>	8 4.0%	64 32.0%	20 10%	8 4.0%	64 32.0%	20 10.0%
<i>Criminal Justice</i>	4 2.0%	6 3.0%	4 2.0%	5 2.5%	6 3.0%	4 2.0%
<i>Both Frames</i>	3 1.5%	18 9.0%	7 3.5%	1 0.5%	18 9.0%	7 3.5%
<i>None</i>	-	14 7.0%	4 2.0%	1 0.5%	14 7.0%	4 2.0%
<b>Class</b>						
<i>Middle/Upper class</i>	-	9 4.5%	1 0.5%	1 0.5%	10 5.0%	1 0.5%
<i>Lower class</i>	7 3.5%	45 22.5%	6 3.0%	8 4.0%	45 22.5%	14 7.0%
<i>Both frames</i>	1 0.5%	5 2.5%	5 2.5%	1 0.5%	4 2.0%	7 3.5%
<i>None</i>	7 3.5%	29 14.5%	1 0.5%	5 2.5%	43 21.5%	13 6.5%
<b>Social Construction</b>						
<i>Deviant/criminal</i>	4 2.0%	13 6.5%	2 1.0%	4 2.0%	16 8.0%	5 2.5%
<i>Deserving/patient</i>	7 3.5%	47 23.5%	6 3.0%	6 3.0%	57 28.5%	22 11.0%
<i>None</i>	4 2.0%	28 14.0%	5 2.5%	5 2.5%	29 14.5%	8 4.0%
	<i>n</i> =15 7.5%	<i>n</i> =88 44.0%	<i>n</i> =13 6.5%	<i>n</i> =15 7.5%	<i>n</i> =102 51.0%	<i>n</i> =35 17.5%

Note: Reported percentages are percentages of the total sample.

As expected, 68 percent of articles discussing the crack epidemic focused on criminal justice, while only 37 percent of these articles had any discussion of the public health impacts of the drug crisis. Forty-one of the 75 articles addressing public health also derided the usefulness of drug treatments for crack addicts, who were discussed as being fundamentally different from other types of drug addicts. One article on scientists studying treatment for crack addiction referred to crack as “the most troubling drug they have studied,” and suggested crack addicts only had a 25 percent chance of recovery, as

opposed to 60 percent of heroin addicts and 85 percent of alcoholics (Kolata 1988). Further, the affected population in the crack epidemic were heavily considered to be people of color, both in the text of the articles and the images included with the article. If the articles included a picture of a person, they exclusively visually identified those connected to the crack epidemic as POC. This association between crack users and POC is not representative of the realities of crack usage (ACLU 2006; Beaver 2010; C. Reinerman and Levine 2004), which makes the news media depiction even more damaging in relation to setting public opinion or influencing policy makers.

Alternatively, the vast majority the articles during the opioid crisis discussed the crisis in terms of its public health impacts, and although some of the articles also mentioned criminal justice aspects, the majority of these articles were about the health impact of the opioid crisis on inmate populations and called for increased empathy for drug abusers in prisons and their need for increased access to addiction treatment . A small number of the articles with both a criminal justice and public health frame examined the role of police officers as first responders, and the need to focus on saving lives and helping addicts access treatment, rather than arresting them and using prison as a detox facility.

In both cases, the number of articles that discussed the victims of the drug epidemic as poor was very similar. Within the crack epidemic coverage, the majority of the references to poverty were in relation to the use of crack in welfare hotels or housing projects, such as stories of Black grandmothers policing their housing projects at night to chase off crack dealers, and reports of multiple murders in public housing (Pitt 1988; Winerip 1988). Implicit references to poverty in the opioid coverage were in relation to



the users' dependence on Medicaid and the disparate number of opioid prescriptions given out to Medicaid patients. The reference to government aid playing a role in determining who is affected by the drug crises reinforces the preexisting stereotypes about the kinds of people who are reliant on redistributive government aid having a higher degree of socially undesirable problems. While the focus on white Medicaid users paints a different picture from the average stereotype of a (Black) welfare recipient (Gilens 2003), the focus on health insurance as opposed to other forms of welfare such as food stamps or subsidized housing suggests that members of the opioid policy target audience are different from other welfare recipients.

### *Discussion*

The content analysis provides a strong example of the media impact on social constructions, especially as they involve the effect of racial stereotypes on target group formation and the creation of policy frameworks. A criminal justice framework is more likely to be applied when the target audience of the policy is primarily constructed of racial minority groups, especially when they are concentrated in urban areas, where they are more likely to be perceived as poor, undereducated, and unemployed. These groups would fall into the "deviants" category, with negative construction and weak political power. When the audience is framed as being undeserving of aid, the social construction theory would tell us that the target audience itself has little power to negotiate for its own interests, and more politically powerful groups would support more punitive policies for these targeted audiences.

A public health framework is used more often when the target audience is more heavily concentrated in “the heartland” or the areas of white America that are perceived to have a high level of political power, consistent with previous findings (Netherland and Hansen 2016). The public health policy framework is more effective in the case of the opioid epidemic due to the media portrayal of addiction as a “disease that can affect anyone,” while concentrating their coverage both visually and descriptively on small towns, suburbs, and white America, and ignores the increasing racial gaps not only in opioid addiction, but also in the treatment of such addictions (Om 2018). This pulls more empathy for the victims (who would traditionally fall into the “dependents” framework on target audiences, who are positively constructed but have weak political power) from groups with more political power. These more powerful groups would therefore have a stronger level of support for social policies that help these groups, increasing public officials’ incentives for creating such policies. While racial stereotypes are not the only factor impacting the use of a public health policy agenda, their portrayal of white users more commonly includes an explanatory narrative as to why these people use opioids that blames external factors rather than a moral failing. “The depiction of persons with substance use and abuse disorders in this manner allows the viewer to empathize with their story while minimizing factors that are not dissimilar with their cognitive schema of substance use and abuse disorders” (Santoro and Santoro 2018, 4). People of color who use drugs are not given the same sympathetic narrative, and it reinforces cognitive stereotypes about drug users.

Although both of these groups are portrayed in the media as being poor, the context of their poverty is presented differently. Crack addicts are portrayed as criminals,

welfare dependents, or otherwise disadvantaged through some kind of flaw. This is highlighted in a 1988 article in *The New York Times* that examined a local white, suburban community's active attempts to prevent residents of the welfare motel in town from getting jobs or allowing their children to use the public pool (Rimer 1988). Opioid addicts, when described as poor, are regularly referenced as poor only in their use of Medicaid and do not have the same level of character judgment expressed alongside their poverty. Although Medicaid is a redistributive social policy that falls under the broader umbrella of welfare policies, no article in the sample on the opioid epidemic used the word "welfare," which is in and of itself highly politicized and associated with a different type of impoverished person. This highlights the variation in the media portrayal that results in different target audiences, and explains some of the variation in policy frameworks assigned to each group.

This kind of media content analysis provides some insight as to the way racial and class stereotypes can create and reinforce target audiences, and the clear racialization of these groups allows for a wider approval of racialized practices like the minimum sentencing laws of the 1980s that institutionalized racial disparities in the sentencing of drug offenses, particularly in when the social construction of the group aligns with preexisting stereotypes of minority groups. From the content analysis alone, it is difficult to determine if articles with mixed racial cues have a different effect on the perception of drug users and drug problems than articles that employ consistent racial cues on a single group. It is also unclear if different combinations of implicit and explicit and visual and textual racial cues result in stronger or weaker social constructions, varying perspectives on the target audiences of drug policies, and subsequently, disparate evaluations of drug

policies, which should be examined in further studies on racial priming and its impact on social constructions.

## CHAPTER 4

### FROM PERCEPTIONS TO POLICIES: IMPLICATIONS

Overall, the political communication literature focuses mostly on how media coverage shapes public opinion, while public policy research discusses the effects of public opinion on policy formation. As a result, we have a limited understanding of how the media coverage of target audiences influences policy makers as they design policies, or the extent to which these elites are influenced by popular opinion on social and political problems. We can, however, examine several stages of policy formation as the process moves through various important actors. As Baumgartner and Jones (2009) demonstrate in their seminal work, *Agendas and Instability in American Politics*, public concern about a particular problem motivates elites to address the problem through legislative, executive, and bureaucratic avenues, and the policy agendas they pursue reflect the way in which the public views the problem. Public views are established and reinforced by the media coverage the problem receives.

As I demonstrated with my content analysis of media coverage of drug crises, the popular depiction of drug abuse and of drug users has changed over time. Although the particular social constructions stemming from the media coverage have become more humane, the debate on whether to consider addiction “a disease, a moral failing or something in between” (Christopher 2012) still plays out on the pages of the paper, and heavy coverage persists. Media coverage of the drug problem increased public concern for the problem, and these two factors consequently motivated policy makers to increase their attention to the problem.

### *Media Coverage, Public Attention, and Policy Responses*

The agenda setting literature in political communication posits that increases in the media coverage of a problem leads the public to believe that the issue warrants attention (Iyengar and Kinder 1987; McCombs and Shaw 1972). Attention to drug use as a social problem in the public, media, and policy arenas, which makes it a particularly interesting venue in which to examine the interplay between these players as it affects policy responses. In a study centered on determining the causal relationship between media coverage, public concern, and state initiative on managing the drug crisis in the late 1980s, Beckett argues that the politicization of drug abuse stems from the negative social constructions of the problem perpetuated in the media and by political elites (1994). However, she finds that public concern over the crack epidemic was more effectively mobilized by the elite rhetoric surrounding the drug crisis than by increased awareness of the problem in popular media.

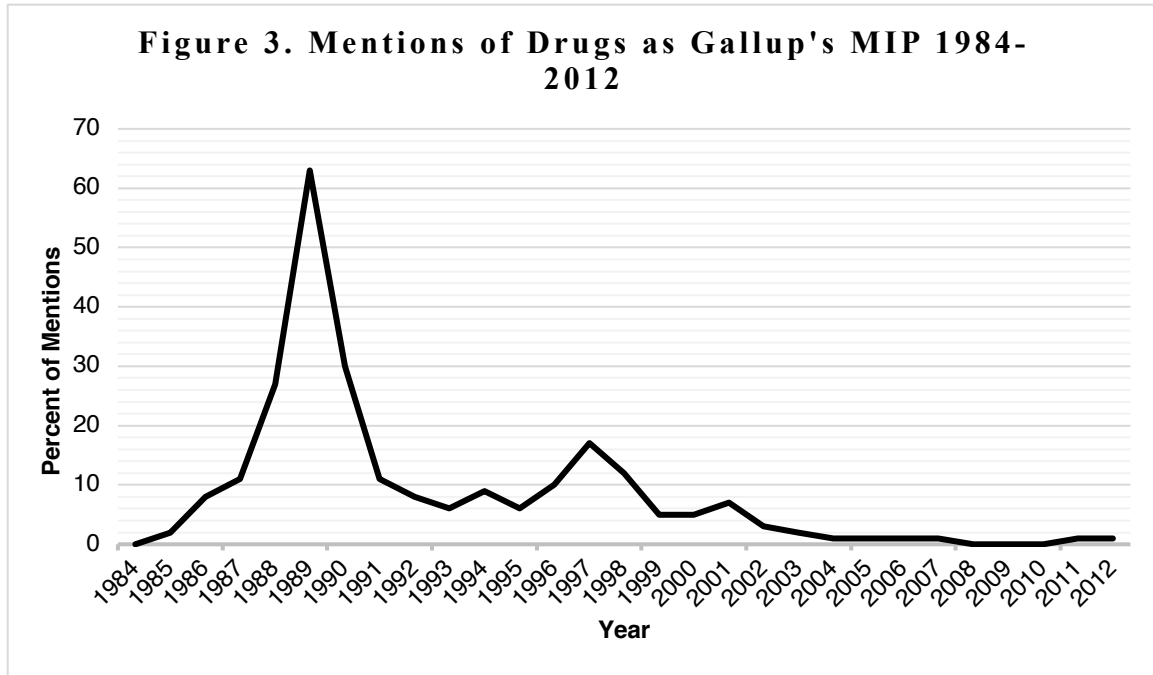
These findings are in line with Nicholson-Crotty and Meier's delineation of the necessary conditions to transform social constructions into public policy. Negative social constructions of a deviant target audience, such as the inner-city minority populations associated with crack use and related violent crime, are readily activated in the public conscious by the media and foster an atmosphere of anxiety that can motivate ambitious moral entrepreneurs to capitalize on the public mood and push for aggressive policy responses. In many ways, President Bush served as the most visible moral entrepreneur in the crusade against crack cocaine, especially in the first two years of his administration, which were punctuated with moralistic and vitriolic addresses on the drug problem

(Netherland and Hansen 2016). His first televised address to the nation centered on the depiction of the spread of drug abuse as an existential threat to public safety, and his tough-on-crime rhetoric had a strong impact on both public concern about drug use and the public mood on the support for more conservative types of drug policies (C. Reinerman and Levine 2004).

In the context of the crack epidemic, public concern over the drug problem grew slightly in response to the media coverage of the problem but exploded once President Bush took office and made drug control a cornerstone of his domestic policy agenda (Gonzenbach 1996). The media coverage of the crack epidemic began in earnest in 1986, at which point elite responses to the crisis at the federal level slowly grew as well (Beaver 2010). Shifts in public concern about drugs and elite attention to the drug problem are reinforcing. While media coverage of the drug problem appeared to predicate public and elite awareness of the issue, both public concern and Congressional attention to the drug problem increased in response to media coverage.

One of the most common measures of public concern is the most important problem (MIP) index from Gallup. This is an appropriate proxy for public concern on drug use as it shows the percentage of the public that reports seeing drugs as the most important problem facing the nation, so the spikes show the most dramatic increases in public concern on the issue. It is not a perfect representation of issue-specific public concern for two reasons: first, the distinction as the *most* important problem may wash out a variation in concern about lower salience social problems (such as drug problems) when economic and/or security problems are dominating the public conscious; and second, the MIP data is taken from an open-ended question that is then coded into

categories that are not mutually exclusive, which may obfuscate true concern about the drug problem or conflate concerns over drug use with either public health or criminal concerns. This second point may be especially relevant in the early years of the opioid epidemic, in which concern over the drug crisis would have been related to prescription drugs and would likely have been coded into one of the health policy concern categories.



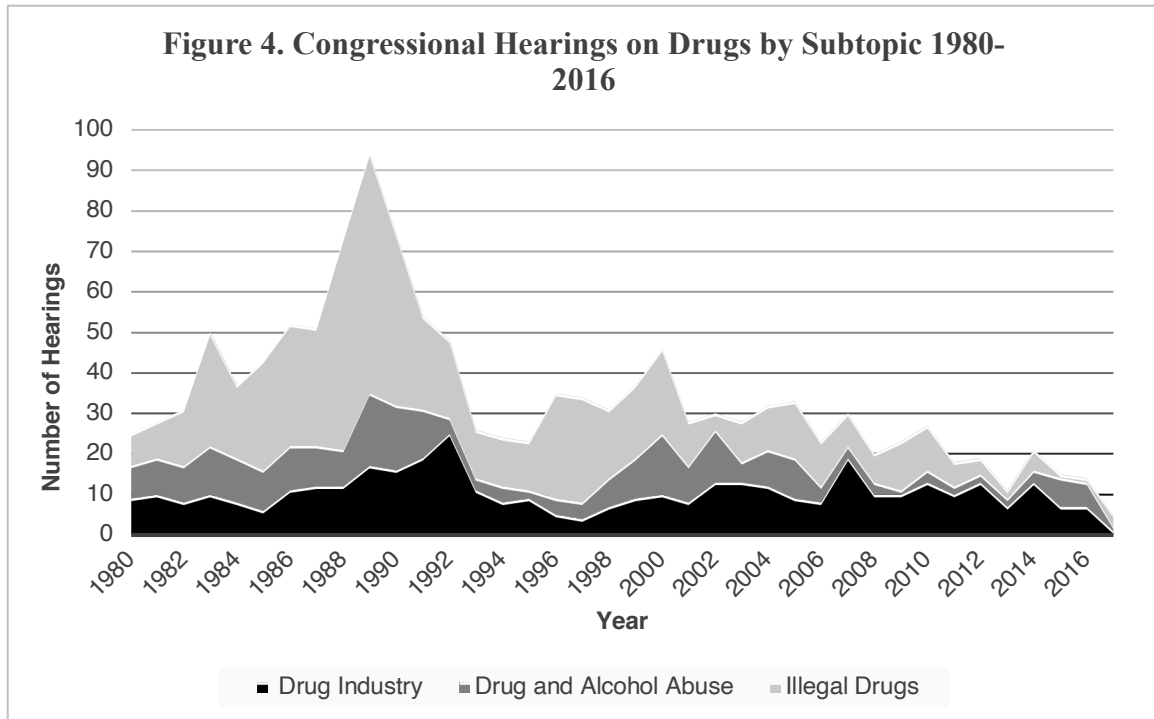
*Source:* The Policy Agendas Project (The Policy Agendas Project at the University of Texas at Austin 2020a) *Note:* Due to the lack of availability of the full Gallup MIP data, this graph is taken from the aggregation of MIP responses provided through the Policy Agendas Project, which ends in 2012. For parsimony, I have only reported the available aggregated data rather than combine one source with another.

As can be seen in figure 3, the frequency of respondents naming drugs as the MIP facing the nation spiked during the first Bush administration and remained in the public eye in a reduced capacity through the 1990s. The levels of public concern are nearly flat through the 2000s, which may be less of a decrease in public concern about drugs as much as the hegemonic grasp of national security and terrorism on public concern in the early 2000s and of the economic crisis in the late 2000s (Hartley and Miller 2010). While this is an imperfect measure for public concern about the opioid epidemic, it highlights an



important trend in during the crack epidemic. Coverage of the crack epidemic in mainstream media began in late 1985, and while there was a slow growth in public concern about drugs from 1986 to 1988, President Bush's televised address on the drug crisis in 1989 pushed public concern to its highest level ever (C. Reinerman and Levine 1989). The convergence of public awareness of the problem due to the media's agenda setting, the social construction of drug users in media coverage that concentrated on poor, urban, minority populations, and the rise of a moral entrepreneur dramatically increased public concern.

To examine how the political elite responded to the shift in both public concern and media coverage about drugs, I now turn to the deliberative agenda advanced in Congress through the number of hearings related to three categories relevant to the crack and opioid crises: drug and alcohol abuse, illegal drugs, and the drug industry. These hearings serve as a valuable proxy for the perceived importance of the topic for political elites because they establish that the topic warranted investigation and deliberation in the pursuit of eventual policy decisions.



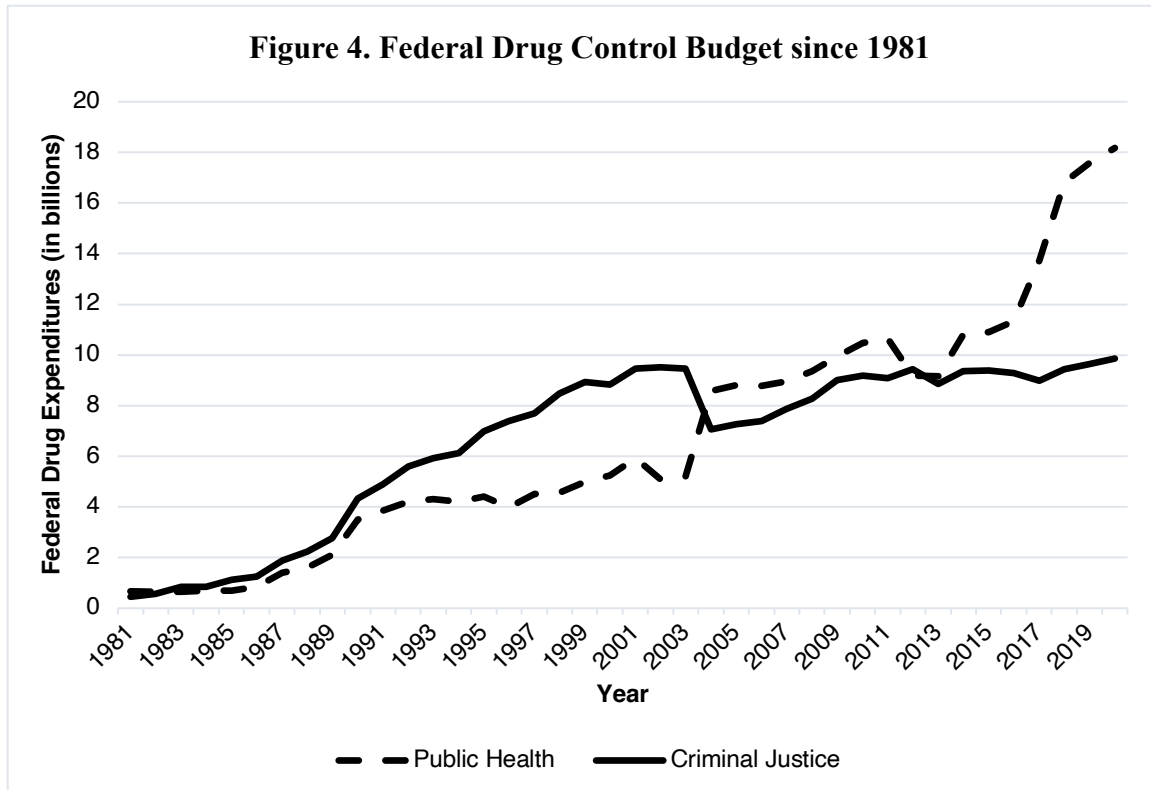
Source: The Policy Agendas Project (The Policy Agendas Project at the University of Texas at Austin 2020b)

The number of Congressional hearings on drug related topics is shown in figure 4. The huge increase in the volume of hearings in 1988, 1989, and 1990 reflect the same increase in the level of public concern regarding the national drug problem. While it is impossible to determine from these data if public concern drove an increase in elite attention or if the increased attention from elites led the public to view drugs as a more important problem, public concern and Congressional attention moved together when the socially constructed problem met the conditions to transform social constructions into a policy response during the crack epidemic. Alternatively, the social constructions of the opioid crisis were different in that the target audience was viewed as a patient rather than criminal class, and the resultant public reaction lacked the kind of anxiety and moralistic

consideration in that leads to the emergence of moral entrepreneurship and focused public response.

*Impacts of Social Constructions on Policy Outcomes and Public Support*

When the target audience of a policy is considered to be more deviant, public support for punitive policies aimed at redirecting the deviant's behavior is higher (A. Schneider and Ingram 1993). In the case of drug policies, the standard policy agendas target either public health concerns (in the forms of abuse education and prevention programs and addiction treatment) or criminal justice concerns (in the forms of increased law enforcement, carceral programs, and support for the justice system). These policy priorities are reflected in the way federal money spent on managing the drug problem, and as a result, the federal budget outlays on drug policies provide a clear snapshot of the policy priorities of the federal government over time.



Source:

The policy priorities in the early War on Drugs were split nearly equally in their funding, but the emergence of the crack epidemic and its deviant target audience caused a shift in priorities that favored increased spending on criminal justice initiatives. During the period between the two crises, overall federal spending on drug control began to shift in favor of the public health spending initiatives, and criminal justice expenditures remained relatively stable. Once the opioid crisis began to explode and its dependent target audience became the primary focus of drug control initiatives, federal expenditures on public health grew significantly. This clear shift in the policy outcomes of federal drug control policy may be in part explained by an evolving understanding of addiction (Shachar et al. 2020), but it may also be true that altering the framing of drug addiction

became easier when the social constructions of a drug user moved away from one that reinforced racialized stereotypes about deviance and criminality.

While it is not possible to fully examine the interaction between media coverage, public attention, elite discourse, and eventual policy outcomes, there are important implications in the way these various factors affect policy decisions. The change in news media narratives of drug users over time did have agenda setting power, particularly when the depictions of crack users were portrayed as a moralistic crisis. While I only examined one news source, the dramatic change in discussing the victims of an epidemic as people who deserve compassion and access to treatment helped frame the national narrative, and the elite discourse followed when high level politicians shared their own experiences with drug abuse in their families and social circles (Om 2018). The news media has a unique power to shape the way the public thinks about a problem, as they are often responsible for introducing the public to new information for the first time. The framing of drug users should serve as an example of how this power can have powerful consequences in the way the national conversation on major problems unfolds and underscores their responsibility to frame the story right the first time.

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APPENDIX A  
CONTENT ANALYSIS CODING SCHEME

## APPENDIX A

### CONTENT ANALYSIS CODING SCHEME

#### Racial Frame:

- Implicit and explicit racial cues for the drug users divided into categories for white and POC
- Black and Latinx cues are collapsed together for parsimony due to minimal variation between the groups
- Mixed cues reported when both white and POC are present

#### Implicit:

Geography, Inner-city, welfare, welfare hotel, gang, crime-ridden, housing projects/public housing, immigrant

#### Explicit:

Black, white, Hispanic, Latino, direct references to countries of origin in Central/South America

#### Class Frame:

- Implicit and explicit references to income, education level, employment status, housing, public aid, Welfare programs
- Mixed cues reported when both class strata are present

#### Dictionary:

inner-city, underclass, welfare, welfare hotel, public assistance, Medicaid, housing projects/public housing, unemployed, transient, low-education, low or no skilled labor, disadvantaged, food stamps, Poor, middle-class, working class, affluent, low-income, poverty, underclass, homeless

#### Policy Response Frame:

- Criminal justice: policy suggestions related to carceral programs, court processes, sentencing, policing; discussions of the criminal justice system, crime or incarceration rates
- Public health: policy suggestions related to addiction treatment, healthcare industry, prevention, and education; discussions of public health impacts of drug crisis
- Mixed cues reported when both policy frames are present

#### Social Construction Frame:

- Deviance cued if drug use is depicted alongside criminal or deviant behavior, such as dropping out of school
- Deserving cued if drug use is depicted as a disease, user is depicted as deserving treatment or compassion